

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43615
Registrar's No. 9

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5657

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lg Russell Red Oak</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lg Russell R.R. - Red Oak</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>A.</u> b. (Middle) <u>B.</u> c. (Last) <u>Campbell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-16-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED: NEVER-MARRIED; WIDOWED; DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-18-1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Pyle</u>	
14. NAME OF HUSBAND OR WIFE <u>Rosa Campbell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Campbell</u> ADDRESS <u>Lg Russell Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic interstitial nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Smile Mania</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Nov 1</u> , 19 <u>48</u> , to <u>Nov 16</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>Nov 16</u> , 19 <u>50</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>L. J. Holmes M.D. (1)</u>		23b. ADDRESS <u>Miller Mo</u>	
23c. DATE SIGNED <u>Nov 16-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>11-18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Red Oak</u>	
24d. LOCATION (City, town, or county) (State) <u>W. J. Miller Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Feiman Miller Mo</u>	
25. DATE REC'D BY LOCAL REG. <u>1-6-51</u>		25. REGISTRAR'S SIGNATURE <u>W. S. Burkey 158</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 9 1951

Dist. File 251-342

Date Filed 2-9-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. _____

working under my personal supervision.

Signed

E. P. Leiman

Signed _____

Student Embalmer

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.